

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/587335

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8			1			
9				1		
10					1	
11						1
12					1	
13			1			
14			1			
15				1		
16					1	
17						1
18			1			
19			1			
20				1		
21					1	
22						1
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			17			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						